

## CAMERA SURVEILLANCE SYSTEM TESTING - LEVEL C

Project Name: \_\_\_\_\_

Test Date: \_\_\_\_\_

This procedure outlines Level C device test to be performed on Camera Surveillance System. Level C device testing demonstrates that all devices are fully operational from the designated control center using control center software management system. After the Contractor's verification test, the Department will conduct a 14-day observational and functional test period. Perform following tests at designated control center using control center software management system (Nextiva):

Testing Software Name: \_\_\_\_\_

(List all Cameras in the Project Camera Surveillance System Below)

Camera # _____	Route: _____	MM _____ . ____	NB/SB/EB/WB/Median
Nearest Side Street Name: _____			
Longitude: _____		Latitude: _____	
Camera # _____	Route: _____	MM _____ . ____	NB/SB/EB/WB/Median
Nearest Side Street Name: _____			
Longitude: _____		Latitude: _____	
Camera # _____	Route: _____	MM _____ . ____	NB/SB/EB/WB/Median
Nearest Side Street Name: _____			
Longitude: _____		Latitude: _____	
Camera # _____	Route: _____	MM _____ . ____	NB/SB/EB/WB/Median
Nearest Side Street Name: _____			
Longitude: _____		Latitude: _____	
Camera # _____	Route: _____	MM _____ . ____	NB/SB/EB/WB/Median
Nearest Side Street Name: _____			
Longitude: _____		Latitude: _____	

**1: CAMERA DATABASE**

No.	Task	Result P: Pass / F: Fail	Comments
I.	<i>Configure Camera Surveillance System(s) with Nextiva Control Center</i>		
II.	Verify IP address with IT group	CCTV #1: P / F    CCTV #2: P / F CCTV #3: P / F    CCTV #4: P / F CCTV #5: P / F    CCTV #6: P / F	
III.	Add Cameras to the Control Center	CCTV #1: P / F    CCTV #2: P / F CCTV #3: P / F    CCTV #4: P / F CCTV #5: P / F    CCTV #6: P / F	
IV.	Verify Camera name is as per Traffic Operations guidelines	CCTV #1: P / F    CCTV #2: P / F CCTV #3: P / F    CCTV #4: P / F CCTV #5: P / F    CCTV #6: P / F	

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V.	Select Camera and Display Live Video	CCTV #1: P / F CCTV #3: P / F CCTV #5: P / F	CCTV #2: P / F CCTV #4: P / F CCTV #6: P / F	
VI.	Perform PTZ Controls	CCTV #1: P / F CCTV #3: P / F CCTV #5: P / F	CCTV #2: P / F CCTV #4: P / F CCTV #6: P / F	
VII.	Add Camera to Camera Tour as per Traffic Operations guidelines	CCTV #1: P / F CCTV #3: P / F CCTV #5: P / F	CCTV #2: P / F CCTV #4: P / F CCTV #6: P / F	
VIII.	Display Video from Camera Tour	CCTV #1: P / F CCTV #3: P / F CCTV #5: P / F	CCTV #2: P / F CCTV #4: P / F CCTV #6: P / F	

**2: On Screen Display**

No.	Task	Required Value	Actual Value	Result P: Pass / F: Fail	Comments
I.	Verify set up of On Screen display of four quadrants on the bottom right	4 Quadrants		CCTV #1: P / F   CCTV #2: P / F CCTV #3: P / F   CCTV #4: P / F CCTV #5: P / F   CCTV #6: P / F	

**3: PRESETS**

No.	Task	Required Value	Actual Value	Result P: Pass / F: Fail	Comments
I.	Verify set up of presets 1 thru 4 with pan and tilt settings and ensure each zone is labeled as specified by the department	4 Presets		CCTV #1: P / F   CCTV #2: P / F CCTV #3: P / F   CCTV #4: P / F CCTV #5: P / F   CCTV #6: P / F	

**4: OTHER REQUIREMENTS**

No.	Task	Required Value	Actual Value	Result P: Pass / F: Fail	Comments
I.	Operate and Monitor Camera Operations for 14 Days			CCTV #1: P / F   CCTV #2: P / F CCTV #3: P / F   CCTV #4: P / F CCTV #5: P / F   CCTV #6: P / F	

**CAMERA SURVEILLANCE SYSTEM  
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**LEVEL C TEST RESULTS:**

PASS ☐

FAIL ☐

**Correction Work Items:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

We agree that Level C testing of the Camera Surveillance System has been performed and that the information above accurately represents the results of the test.

Contractor Name: \_\_\_\_\_

Contractor Representative Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

ITS Inspector Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

Traffic Operations Center Representative Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

Resident Engineer Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

**Corrected Work Items:**

**Work Items**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Signatures & Date**

**ITS Inspector    TOC Representative**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____